

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/14/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/16/2006						
		FINANCIAL PAYER: NCMMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	870	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	505	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1381	1405	24
		8800	6	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8505	4006	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	245	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4263	5618	1355
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404910	PATHWAYS	8505	828	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1051	1271	219
		8621	47	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	1032	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	158	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	159	1252	2113	861
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	5485	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	6	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	5494	5672	178
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIAL HEAL	21	1153	DUPLICATE OF CLAIM-SYSTEM				
		79	130	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	1471	6923	5452
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	3310	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	179	CLIENT NOT ELIGIBLE ON SERVICE DATE	31	3703	5448	1745
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8505	237	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	611	6092	5481
		191	45	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8599	289	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	93	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	47	603	2826	2223
		21	64	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	2813	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	391	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	3540	4967	1427
		8599	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	1455	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1317	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	5264	9446	4182
		8329	1097	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	626	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1048	5514	4466
		537	71	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	803	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	162	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	36	1771	4219	2448
		8800	153	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	761	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	947	3598	2651
		8533	60	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				

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3404927	CUMBERLAND CO M HC	8505	1097	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	97	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	1285	2203	918
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	322	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	377	397	20
		8800	11	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404931	WAKE CO HUM SVC BILLING OF	8505	2513	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	300	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	3007	3268	261
		8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	59	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	116	1946	1830
		8800	13	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	1466	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	425	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	2784	5550	2766
		11	282	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	583	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	749	1572	823
		8000	10	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				

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3404937	EDGEcombe NASH MNTL HLTH C	21	459	DUPLICATE OF CLAIM-SYSTEM				
		8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	494	2366	1872
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	546	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	564	671	107
3404941	PITT CO MH/DD/S AS CENTER	21	408	DUPLICATE OF CLAIM-SYSTEM				
		8535	404	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	1191	2428	1237
		8599	178	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5	9	957	948
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	405	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	99	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	29	687	1699	1012
		21	46	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8505	1774	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1642	DUPLICATE OF CLAIM-SYSTEM	16	4607	7181	2574
		79	539	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	2663	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	629	DUPLICATE OF CLAIM-SYSTEM	27	3935	11069	7134
		8000	248	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	743	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	214	FURTHER PROCESSING NECESSARY,	5	1072	1245	173
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		79	36	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404979	NEW RIVER AREAM	8505	1899	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8931	66	AMTNC INELIGIBLE TO RECEIVE SE	76	2125	5093	2968
				RVICES IN IPRS.				
		8599	64	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				